



Staff Performance Improvement Memorandum

Date:

Employee Name:

Banner ID:

Department:

Position:

Department Phone:

Employee E-mail:

Supervisor Name:

Supervisor Phone:

The purpose of the Performance Improvement Memorandum is to identify performance concerns or policy violations and to establish a process for correcting such concerns. This process requires commitment to improvement.

Pre-Counseling Conference:

Description of performance management issue or policy violation:

Employee Comments:

Outcome of Pre-counseling conference:

Performance Management Action:

Written warning Final warning Suspension

Pre-counseling conference date(s): Type of issue:

Prior Performance Improvement Memorandum (date): Type of issue:

Final warning (date): Type of issue:

Suspension start date: Suspension end date:

Supervisor Comments

Description of performance management issue or policy violation:

Describe action(s), behavior(s), or incident(s); date(s); time(s); place(s):

Witness(es) and his/her/their observation(s):

Impact(s) of action(s), behavior(s), or incident(s) on the department or the University:

Expectations and acceptable standards of performance:

Action steps employee must take to correct issue:

Action steps supervisor must take to help employee succeed:

Employee Comments:

Failure to achieve satisfactory performance, or to resolve concerns, may lead to further steps of performance management action up to and including termination.

Staff may grieve the performance improvement memorandum within five working days. See Staff Grievance Policy for details. Staff may seek confidential assistance through the University’s Employee Assistance Program by calling 1-800-859-9319.

If an employee believes that a disciplinary action is the result of unlawful discrimination, harassment or retaliation, he/she may contact the University’s director of diversity and affirmative action.

Employee signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Department head signature: _____ Date: _____

Human Resources signature: _____ Date: _____

Distribution:

Copy to staff member

Copy to supervisor

Original to Human Resources